

## Saskatchewan Assignment of Indemnity Form - LPI

| Identification Number   | Subscription  |           | Year |
|---|---|-----------|------|
| 8 7 0   | -   |           |      |
|   |   |           |      |
| Client Information  |   |           |      |
| Business Name   |   |           |      |
| Business Address  |   |           |      |
| Contact Person (Must be a Client, or Shareholder of the company)  |   |           |      |
| contact i discin (mast se a sherit, or chareneded or the semipany)  |   |           |      |
| This Assignment covers only Livestock Price Insurance.  |   |           |      |
|   |   |           |      |
| For valuable consideration, the Insured hereby assigns to   |   |           |      |
| Of Postal Code Complete Mailing Address   |   |           |      |
| an undivided 100% of all monies up to an amount of \$ which may be payable by   |   |           |      |
| the Program Administrator as a result of a payable loss on the Identification and Subscription numbers as entered above.  |   |           |      |
| This assignment is subject to section 55.1 of the <i>Agriculture Financial Services Act</i> and section 95 of the <i>Financial Administration Act</i> (Alberta). The Program Administrator is not bound by this assignment unless the assignment has been consented to by an acknowledgement in writing from the Program Administrator. The Insured understands that indemnity cheques, up to the amount stated in this Assignment of Indemnity, will be made payable to the assignee and forwarded directly to the assignee. This assignment is subject to the deduction of any monies which may be owing to Agriculture Financial Services Corporation. |   |           |      |
|   |   |           |      |
| Signature   |   |           |      |
| Dated at  | in the Province of Saskatchewan this the day of 20 Year |           |      |
| City or Town  Client  | Witness   |           | Year |
| Signature Signature   |   |           |      |
| Client (Printed Name) Witness (Printed Name)  |   |           |      |
| Office Use Only - Consent and Acknowledgement   |   |           |      |
| Office use offiny - Consent and Acknowledgement   |   |           |      |
| Dated in Lacombe, Alberta this day of , 20  |   |           |      |
| Signed by: for Agriculture Financial Services Corporation   |   |           |      |
|   |   |           |      |
|   | Date Stamp  |           |      |
| Do Not Use  |   | Do Not Us | se   |
| This Area   |   | This Area |      |
|   |   |           |      |

SCIC recognizes the sensitivity of your personal information. Any personal or business information given to SCIC for the purpose of the Program, may be shared with the AFSC and/or AAFC for the purposes the Program. Your personal information is subject to the provisions of the Freedom of Information and Protection of Privacy Act (Saskatchewan) (the FOIP Act) and will be protected according to the FOIP Act, The Saskatchewan Crop Insurance Corporation Act, and other applicable Saskatchewan statutes, regulations, and SCIC privacy policies. You agree that SCIC, AFSC, and AAFC may archive your personal information for the purpose of administering the Program and as required by Federal and Provincial legislation, including but not limited to The Archives Act. For all privacy concerns related to this program, please contact SCIC's Privacy Manager at 306.728.7200 or email <a href="mailto:securityofficer@scic.ca">securityofficer@scic.ca</a>



